| PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004   |  |   |  |  |                                       |      |                   | Application or Docket Number |            |              |                        |
|--|--|---|--|--|---------------------------------------|------|-------------------|------------------------------|------------|--------------|------------------------|
|  |  | CLAIMS A                                  | S FILED - PART I (Column 1) (Column 2) |  |                                       |      | SMALL ENTITY TYPE |                              | OTHER THAN |              |                        |
| U.S. NATIONAL STAGE FEES   |  |   |  |  |                                       | 7    | RATE              | FEE                          |            | RATE         | . FEE                  |
| BASIC FEE  |  |   |  |  | · · · · · · · · · · · · · · · · · · · | 7    | BASIC FEE         | 71                           | OR         | BASIC FEE    | 300                    |
| EXAMINATION FEE  |  |   | <u> </u>                               |  |                                       | 1    | EXAM. FEE         | 1                            |            | EXAM. FEE    | 200                    |
| SEARCH FEE   |  |   |  | 7  |                                       | 1    | SEARCH FEE        | <b>X</b>                     |            | SEARCH FEE   | 400                    |
| FEE FOR EXTRA SPEC. PGS.   |  |   | minus 100 =                            |  | / 50 =                                | 1    | X \$ 125 =        |                              |            | X \$ 250 =   | 100                    |
| TOTAL CHARGEABLE CLAIMS  |  |   | /7 minus 20 = .                        |  | 0                                     | 1    | X \$ 25 =         | $\Pi$                        | OR         | X \$ 50 =    |                        |
| INDEPENDENT CLAIMS   |  |   | 2 minu                                 | s 3 = .                                  | 0                                     | 7    | X \$ 100 =        |                              | OR         | X \$ 200 =   |                        |
| MUL  | TIPLE DEPEN                                    | DENT CLAIM PRI                            | ESENT                                  |  |                                       |      | +\$ 180 =         |                              | OR         | + \$ 360 =   |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2   |  |   |  |  |                                       | ا لي | TOTAL             |                              | OR         | TOTAL        | 900                    |
| CLAIMS AS AMENDED - PART II (Cotumn 1) (Cotumn 2) (Cotumn 3)   |  |   |  |  |                                       |      | SMALL E           | тту                          | OR         | OTHER        |                        |
| AMENDMENT A  | eplayos  | CLAIMS REMAINING AFTER AMENDMENT          |  | HIGHES<br>NUMBER<br>PREVIOUS<br>PAID FOR | R PRESENT<br>EXTRA                    |      | RATE              | ADDI-<br>TIONAL<br>PEE       |            | RATE         | ADDI-<br>TIONAL<br>FEE |
|  | Total  | - 17                                      | Minus **                               | 20                                       | ) - 0                                 | 1    | X \$ 25 =         | 7                            | OR         | X \$ 50 =    | 0/                     |
|  | Independent                                    | · 2                                       | Minus **                               | • 3                                      | - P                                   | 11   | X \$ 100 =        | X                            | OR         | X \$ 200 =   | X                      |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |  |  | AIM 📗                                 | 71   | +\$180=           |                              | OR         | + \$ 360 =   | 7)                     |
|  |  |   |  |  |                                       |      | TOTAL ADDIT.      | 1                            | OR         | TOTAL ADDIT. |                        |
| (Column 1) (Column 2) (Column 3)   |  |   |  |  |                                       |      |                   |                              |            |              |                        |
| AMENDMENT B  | 4207   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | ÷                                      | HIGHES<br>NUMBER<br>PREVIOUS<br>PAID FOI | PRESENT                               |      | RATE              | ADDI-<br>TIONAL<br>FEE       |            | RATE         | ADDI-<br>TIONAL<br>FEE |
|  | Total  | . 18                                      | Minus **                               | 20                                       | 0 - 0                                 |      | X \$ 25 =         |                              | OR         | X \$ 50 =    |                        |
|  | Independent                                    | 2   | Minus **                               | · 3                                      | - 0                                   |      | X \$ 100 =        |                              | OR         | X \$ 200 =   |                        |
| '  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |  |  |                                       |      | +\$ 180 =         |                              | OR         | + \$ 360 =   |                        |
| TOTAL ADDIT,   |  |   |  |  |                                       |      |                   |                              |            |              |                        |
| "If the entry in column 1 is less than the entry in column 2, write "0" in column 3,  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20",  ""If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "J".  The "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "J". |  |   |  |  |                                       |      |                   |                              |            |              |                        |